



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known Application Number 10/019,383 Filing Date 12/27/01 First Named Inventor Gene Karl Sandelwick, et al Examiner Name Brian P. Yenke Art Unit 2614 Attorney Docket No. PU010066	
TOTAL AMOUNT OF PAYMENT (\$)		1010.00	

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
Customer Number 24498
☒ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	300	Fee (\$)	150	Fee (\$)	500	
Design	Fee (\$)	200	Fee (\$)	100	Fee (\$)	250	
Plant	Fee (\$)	200	Fee (\$)	100	Fee (\$)	300	
Reissue	Fee (\$)	300	Fee (\$)	150	Fee (\$)	450	
Provisional	Fee (\$)	200	Fee (\$)	0	Fee (\$)	200	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20.

Independent Claims - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

	Fees Paid (\$)
Request for Continued Examination (RCE)	790.00
Extension for response within the first month	
Fee for 2 additional dependent claims (@\$50 ea.)	120.00
	100.00

SUBMITTED BY					
Name (Print/Type)	Michael A. Pugal	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature					